



Sangamon County Building & Zoning  
**PSES SOLAR ENERGY SYTEMS APPLICATION**  
Room 213, 200 S. Ninth Street, Springfield, IL 62701  
(217) 753-6760 or [zoning@sangamonil.gov](mailto:zoning@sangamonil.gov)

**FOR OFFICE USE ONLY**

PERMIT#: \_\_\_\_\_

PARCEL#: \_\_\_\_\_

ZONING: \_\_\_\_\_

**OWNER INFORMATION**

Owner Name: \_\_\_\_\_

Owner Address/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

**CONTRACTOR INFORMATION**

Name: \_\_\_\_\_

Address/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

**PSES SOLAR INFORMATION**

**Site Plan Requirements:**

- 1) Name, address and phone number of the property owner
- 2) Property lines
- 3) All structures
- 4) Septic field
- 5) Setback lines

**Evidence that the local electrical utility has been informed of the customer's intent to install a customer-owned solar energy system.**

**Evidence that the site plan has been submitted to the local fire protection district.**

**After an approval final inspection of all building permits, a certificate of compliance shall be issued.**

**\*\*Electrical application required\*\***

Street Frontage		Ground mounted?	
Front Setback		Structure mounted?	
Rear Setback		Height	
Left Setback		Length	
Right Setback		Width	
Stake Date		Estimate Project Cost	
Estimate Start Date		Estimate End Date	
<b>Please attach site plan of scope of work being conducted</b>			

I certify that I am the owner or representative of the property which is the subject of this application, I hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the County agency. As the property owner or representative I assume the responsibility of locating any property lines, setback lines, easements, right of way, flood areas, etc., any construction within these areas may result in removal at the owner's or representative's expense. A Zoning Permit is valid for a period of six (6) months from date of approval and construction must commence and be worked on diligently thereafter or this permit may be canceled upon notification by the Zoning Administrator unless a written request is submitted to the Zoning Department within fourteen (14) days prior to expiration.

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Applicant Signature	Applicant Printed Name	Date
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Applicant is:    ☐ Building/property owner    ☐ General Contractor Representative    ☐ Tenant  
☐ Other \_\_\_\_\_

If not the property owner, an affidavit is required with parties signatures (owner/s and contractor) stating aware that a building permit is being applied for.

## OFFICE USE ONLY

### **RESIDENTIAL**

Materials + Labor x .007

### **COMMERCIAL**

Materials + Labor x .009

<b>PERMIT FEE:</b>	
<b>PENALTY FEE:</b>	
<b>TOTAL FEE:</b>	
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Minimum Fee May Apply \$41.00 </div>	